Automated Voice Response System (AVRS)

Process to Confirm Traditional Medicaid Eligibility and 1915(i) Eligibility

Step 1: Call the AVRS Access Telephone Numbers (available 24/7): Toll Free: 877-328-7098 or Local: 701-328-7098 and follow the verbal prompts. Providers are granted access to the Automated Voice Response System (AVRS) by entering:

- Your ND Health Enterprise MMIS issued 7-digit provider Medicaid ID number. Individuals will use your Medicaid ID number. If your agency's non-enrolled providers, i.e. support staff are used to confirm member eligibility, then they can use the group Medicaid ID number. Do not use your group or individual NPI number.
- Your six-digit PIN number is also required for verification and access to secure information. One provider PIN number is assigned to each Medicaid ID number, so you must enter the pin number associated with the Medicaid ID number you entered.

Step 2: Select ***Option 1*** to inquire on Member Eligibility and follow verbal prompts.

- You will be asked to enter the member's Medicaid ID number.
- You will be asked to enter the Date of Service which is the day you are calling. It must be entered as follows: 03 18 2021

Step 3: Listen to the recording until you hear verification of:

- Medicaid eligibility; and,
- 1915(i) eligibility for the member.

If you do not hear verification of Medicaid eligibility AND 1915(i) eligibility, then the member is not eligible for Traditional Medicaid and the 1915(i). However, it is possible the member is eligible for Expansion.

Step 4: If the individual is not eligible for Traditional Medicaid, contact the MCO provider. Find information here: https://www.sanfordhealthplan.com/-/media/files/documents/providers/hp-3876-1915i-fact-sheet-for-providers-w-hp-3342-instructions-03-19-2021.pdf.

Note: You may choose to start with either the AVRS system or the MCO's system to confirm the member's eligibility.

AVRS Options	Secondary Selections
Option 1: Member Inquiry	**Callers may select any of the following options:** • **Eligibility/Recipient Liability** • Primary Care Provider (PCP) • Coordinated Services Program (CSP) enrollment • Third Party Liability (TPL) • Vision • Dental • Service Authorizations
Option 2: Payment	Remittance Advice payment information is available for the specific time frame entered.
Option 3:	Claim information is available based upon the Member ID number entered, including:

Claims Status	• TCN (Transaction Control Number) • Billed Amount • Claim Submit Date • Date(s) of Service • Claim Status (paid, denied, suspended) • Paid Amount (if applicable)
Option 4: Service Authorization Inquiry	Service Authorization information is available based upon the Member ID number entered, including: • Service Authorization (SA) Number • Date(s) of Service • Authorization Status